

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re of Application of: Tianmin Zhu et al.  
Application No.: 10/828474      Group Art No.: 4173  
Filed: April 20, 2004      Examiner: Shahrzad Spieler  
For: WATER-SOLUBLE WORTMANNIN DERIVATIVES  
Confirmation No.: 7099  
Customer Number: 25291

Mail Stop Amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

AMENDMENT TRANSMITTAL LETTER

1. Transmitted herewith for filing is an amendment for this application.

PETITION FOR EXTENSION OF TIME

2. (a) Applicant petitions for an extension of the time for the total number of months checked below:

<input checked="" type="checkbox"/>	One Month.	Fee in the amount of	\$	120.00
<input type="checkbox"/>	Two Months.	Fee in the amount of	\$	460.00
<input type="checkbox"/>	Three Months.	Fee in the amount of	\$	1,050.00
<input type="checkbox"/>	Four Months.	Fee in the amount of	\$	1,640.00
<input type="checkbox"/>	Five Months.	Fee in the amount of	\$	2,230.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension for month(s) has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested.

OR

- (b) ☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Extension fee due with this request: \$120.00

FEE FOR CLAIMS


3. The fee for claims has been calculated as shown below:

CLAIMS AS AMENDED					
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) HIGHEST NUMBER PAID FOR	(4) NUMBER EXTRA x RATE		(5) ADDITIONAL FEE
TOTAL CLAIMS	96	96	0	X \$ 50.00	0.00
INDEPENDENT CLAIMS	7	7	0	X \$ 210.00	0.00
MULTIPLE DEPENDENCY FEE				\$ 370.00	
				<b>Total Amendment Fee:</b>	<b>\$0.00</b>

- ☒ No additional fee for claims is required.  
☐ Total additional fee for claims required: \$0.00.

4. Method of Payment of Fees:  
Charge Deposit Account No. 01-1425 in the amount of: \$120.00.  
**A duplicate of this transmittal is attached.**
5. Instructions as to Overpayment:  
Credit any overpayment to Deposit Account No. 01-1425.
6. Authorization to Charge Additional Fees  
☒ If any additional extension and/or fee for claims is required, charge  
Account No. 01-1425.

Respectfully submitted,



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Stephen E. Johnson  
Agent for Applicants  
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